OFFICE OF STATEWIDE HEALTH PLANNING AND DEVELOPMENT
PATIENT DISCHARGE DATA PROGRAM
MANUAL ABSTRACT REPORTING FORM
For use with discharges on 1/1/97 and after

Instructions: For a description of the data elements, refer to the appropriate section of Discharge Data Regulations
(Sections 97210 through 97239, Title 22, California Code of Regulations).

1. TYPE OF CARE

1 Acute   4 Psych   6 Phys
3 SN/IC   5 Chem Dep   Rehab

1a. HOSPITAL NUMBER

17. ABSTRACT RECORD NUMBER (Optional)

2. DATE OF BIRTH

Month   *Day*   *Year (4 - Digit)*

20. PATIENT'S SOCIAL SECURITY NUMBER

(000 00 0001 If not recorded in the medical record)

3. SEX

1 Male   3 Other
2 Female   4 Unknown

4. RACE

ETHNICITY

1 Hispanic   3 Unknown
2 Non-Hispanic

RACE

1 White   4 Asian/Pacific Islander
2 Black   5 Other
3 Native Amer/Eskimo/Aleut   6 Unknown

5. ZIP CODE

6. ADMISSION DATE

Month   *Day*   *Year*

9. DISCHARGE DATE

Month   *Day*   *Year*

16. TOTAL CHARGES

(Report whole dollars only, right justified)

7. SOURCE OF ADMISSION

SITE

1 Home
2 Residential Care Facility
3 Ambulatory Surgery
4 LTC
5 Acute <u>Inpatient</u> Hosp Care
6 Other <u>Inpatient</u> Hosp Care
7 Newborn
8 Prison/Jail
9 Other

LICENSURE OF SITE

1 This Hospital
2 Another Hospital
3 Not a Hospital

ROUTE

1 <u>Your</u> ER
2 Not <u>Your</u> ER (or no ER)

8. TYPE OF ADMISSION

1 Scheduled *
2 Unscheduled
3 Infant, under 24 hrs old
4 Unknown

* *(Scheduled at least 24 hours before admission)*

DIAGNOSES

10. PRINCIPAL DIAGNOSIS

10a. Present at Admission
Y = Yes   N = No
U = Uncertain

11. OTHER DIAGNOSES

a.
b.
c.
d.

11a. Present at Admission
Y = Yes   N = No
U = Uncertain

*If more than four Other Diagnoses, code additional Other Diagnoses on Supplemental Reporting Page (See reverse side).

a.
b.
c.
d.

PROCEDURES

12. PRINCIPAL PROCEDURE

Code   Date

Month   *Day*   *Year*

13. OTHER PROCEDURES*

a.
b.
c.
d.

Month   *Day*   *Year*

*If more than four Other Procedures, code additional Other Procedures on Supplemental Reporting Page (See reverse side).

14. DISPOSITION OF PATIENT

01 Routine (Home)
Within This Hospital
02 Acute Care
03 Other Care
04 LTC
To Another Care
05 Acute Care
06 Other Care (Not LTC)
07 LTC
08 Resident Care Facility
09 Prison/Jail
10 Against Med Advice
11 Died
12 Home Health Service
13 Other

15. EXPECTED SOURCE OF PAYMENT

01 Medicare
02 Medi-Cal
03 Workers' Comp
04 Co Indigent Prog
05 CHAMPUS/ CHAMPUVA/VA
06 Other Governmental
07 HMO
08 PPO
09 Priv Insur Co
10 Blue Cross/Shield
11 Self-Pay
12 Charity Care
13 No Charge
14 Other Non-Governmental

E-CODES

18. Principal E-Code

E

19. Other E-Codes

a. E

b. E

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PATIENT DISCHARGE DATA PROGRAM

SUPPLEMENTAL REPORTING PAGE

For use with discharges on 1/1/97 and after

Instructions: For a more complete description of the data elements, refer to the California Patient Discharge Data Manual

11. ADDITIONAL OTHER DIAGNOSES

11a. PRESENT AT ADMISSION

Y = Yes
N = No
U = Uncertain

12. ADDITIONAL OTHER PROCEDURES

Code — Date

Diagnoses / Present at admission entries: e. f. g. h. i. j. k. l. m. n. o. p. q. r. s. t. u. v. w. x.

Procedures entries: e. f. g. h. i. j. k. l. m. n. o. p. q. r. s. t.

Month   Day   Year